MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 180

60583

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Bel-Air Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walters Convalacent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) (Last) Alexander

4. DATE OF DEATH: (Month) Jan (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: May 13 1869

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Hancock, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Coddy

14. MOTHER'S MAIDEN NAME: Susan Stillwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Mrs Robert Mobbett, Charles & 34th St Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	1 hr.
420	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chr Cardio-Vascular Disease	?
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18, 1952, to Jan 19, 1952, that I last saw the deceased alive on Jan 18, 1952, and that death occurred at 2:00 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Willard L. Hudson, M.D. — ADDRESS Forest Hill Md — DATE SIGNED 1-20-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Jan 22 1952 — NAME OF CEMETERY OR CREMATORY St Thomas Cem — LOCATION (City, town or county) (State) Hancock, Md

DATE REC'D BY LOCAL REG. Jan 21 1952 — REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR H. L. Bailey — ADDRESS Darlington, Md.

41

RECEIVED
FEB 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00584

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) R.D. #1 Forest Green

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Asmuth

4. DATE OF DEATH (Month) 1 (Day) 11 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1-10-52
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 13 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME John Ludwig Asmuth
14. MOTHER'S MAIDEN NAME Eleanor Frances Hugins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS John Ludwig Asmuth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) RESPIRATORY FAILURE	5 HRS.
760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) SUBARACHNOID HEMORRHAGE	13 HRS 40M
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1952, to 1-11-, 1952, that I last saw the deceased alive on 1-11-52, 19, and that death occurred at 11 50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. Norment M.D. ADDRESS Havre de Grace Md DATE SIGNED 1-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 12, 1952
NAME OF CEMETERY OR CREMATORY Angel Hill Cem.
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Jan 11-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

201 2292364

VS. A10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 15 1952
BUREAU V. S.

00585

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Paradise Road

3. NAME OF DECEASED (Type or Print) (First) Addie (Middle) Louise (Last) Bayless
4. DATE OF DEATH (Month) Jan (Day) 26 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 18-1866
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Thomas Cole
14. MOTHER'S MAIDEN NAME Forsett M. Mahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Ethel T. Ward - Rehoboth Beach Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - Renal Disease (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1952 to Jan 26 1952 that I last saw the deceased alive on Jan 26, 1952 and that death occurred at 12 noon from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Havre de Grace [signature] 1-28-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 29-1952
NAME OF CEMETERY OR CREMATORY Baters Cemetery
LOCATION (City, town, or county) Aberdeen (State) Maryland
DATE REC'D BY LOCAL REG. Jan. 28-1952
REGISTRAR'S SIGNATURE Nellie A. Perry
24. FUNERAL DIRECTOR Henry Tarring End Sons - Aberdeen Maryland
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00586

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street, Rural | LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) LORRAINE (Last) BILLINGS

4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 24, 1948

9. AGE last birthday: 3 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elmer Billings

14. MOTHER'S MAIDEN NAME: Dora L. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Elmer Billings, Street, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial pneumonia — Interval between onset and death: 4 days

491K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Jan 8, 1952 that I last saw the deceased alive on Jan 8 1952 and that death occurred at 9:00 p.m., from the causes and on the date stated above.

SIGNATURE: Charles A. Wolf (Degree or title) MD. ADDRESS: Street, Md. DATE SIGNED: Jan. 10, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1-12-1952 | NAME OF CEMETERY OR CREMATORY: Holy Cross cemetery | LOCATION (City, town, or county) (State): Street, Maryland

DATE REC'D BY LOCAL REG. 1/11/52 | REGISTRAR'S SIGNATURE: Priscilla Fawwood | 24. FUNERAL DIRECTOR: Hubert P. Harkins | ADDRESS: Delta, Pa.

VS. AG

RECEIVED
JAN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00587

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 823 Erie St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Md.
STREET ADDRESS (If rural, give location) 823 Erie St.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Frances (Last) Bramble

4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Mar. 30, 1875
9. AGE last birthday 76 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Hall
14. MOTHER'S MAIDEN NAME Harriett Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. Alice Frances Bernardi, City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cardiac Decompensation	1 day
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic Heart Disease	1 year
	(c)	Generalized Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26/, 1952 to 1/27/, 1952 that I last saw the deceased alive on 1/27/, 1952 and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvin L. Wachsman M.D. ADDRESS Havre de Grace Md DATE SIGNED 1/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 30, 1952
NAME OF CEMETERY OR CREMATORY Angel Hill Cem.
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. Jan. 30-52
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell, ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1588

Reg. Dist. No. 12-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY HARFORD; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (In this place) 37 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL ROUTE #1
STREET ADDRESS (If rural, give location) ABERDEEN

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) B. (Last) BRYANT
4. DATE OF DEATH: (Month) JANUARY (Day) 27 (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Oct. 27-1882
9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wm Evans
14. MOTHER'S MAIDEN NAME: Mrs Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mr Wm R. Bryant - aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular) - Renal Ds.

(c) Pyelonephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-11-52
19b. MAJOR FINDINGS OF OPERATION: Exploratory Laparotomy - Lysis of Adhesions
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21, 1951, to 1-27, 1952; that I last saw the deceased alive on 1-26, 1952, and that death occurred at 12:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. H. MacPherson, M.D. Harford Memorial Hospital 1/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 30-1952
NAME OF CEMETERY OR CREMATORY: Grove Presbyterian Cem
LOCATION (City, town, or county) (State): Aberdeen, Maryland

DATE REC'D BY LOCAL REG. 29-1952
REGISTRAR'S SIGNATURE: [illegible] M.D.
24. FUNERAL DIRECTOR: Henry Lassing & Sons ADDRESS: Aberdeen Md.

JAN - 1952

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00589

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitefoot, Rural
LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitefoot, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emily (Middle) Eliza (Last) Cox

4. DATE OF DEATH (Month) Jan. (Day) 6 (Year) 1952

5. SEX Female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH April 2, 1866

9. AGE last birthday 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Enfield

14. MOTHER'S MAIDEN NAME Tacey Weeks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Daniel Wilhelm, Whitefoot Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardiovascular disease	2 yrs.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to Jan. 1952, that I last saw the deceased alive on Jan 4, 1952, and that death occurred at 8 30 P.m., from the causes and on the date stated above.

SIGNATURE Charles C. Jeff (Degree or title) M.D. ADDRESS Street, Md. DATE SIGNED 1-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Jan. 9-1952

NAME OF CEMETERY OR CREMATORY Slateville cem.

LOCATION (City, town, or county) (State) Delta, York Co. Pa.

DATE REC'D BY LOCAL REG. 1/8/52

REGISTRAR'S SIGNATURE Priscilla Fonoord

24. FUNERAL DIRECTOR Hubert P. Dunkin ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 11 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0052 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air — LENGTH OF STAY (in this place) 9 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) Frances (Last) CRUE

4. DATE OF DEATH: (Month) Jan (Day) 10 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Sept 7, 1875

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md

12. CITIZEN OF WHAT COUNTRY? W. S.

13. FATHER'S NAME: John Isenock

14. MOTHER'S MAIDEN NAME: Elizabeth France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Arthur Crue, Bel-Air, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH 23 hrs

DUE TO

420.1 Antecedent cause(s) (b) Chr. hypertensive Cardio-Vascular disease 4 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1949, to Jan 10, 1952, that I last saw the deceased alive on Jan 9, 1952, and that death occurred at 2:15 a.m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Willard P. Hudson, M.D. ADDRESS Forest Hill Md DATE SIGNED 1-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Jan 12, 1952 — NAME OF CEMETERY OR CREMATORY Fork — LOCATION (City, town, or county) Fork, Balto Co. (State) Md.

DATE REC'D BY LOCAL REG. 1/11/52 — REGISTRAR'S SIGNATURE Priscilla Forwood — 24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

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JAN 16 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0591

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 205 8-51

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Aberdeen Rural — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvary Harford Co

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Calvary

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Stevenson (Last) Cullum

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 24 1950

9. AGE last birthday: 1 yrs. — IF UNDER 1 YEAR: Months 4, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Freeman F. Cullum

14. MOTHER'S MAIDEN NAME: Dorthy E. Cullum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Freeman F. Cullum aberdeen md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: —

490X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14, 19 52 to 1/14, 19 52 that I last saw the deceased alive on 1/14, 19 52 and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Gerald C Palmer MD — Bel Air Md. — 1/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Jan 17-1952 — NAME OF CEMETERY OR CREMATORY Bakers Cemetery — LOCATION (City, town, or county) (State) aberdeen Maryland

DATE REC'D BY LOCAL REG. Jan 17-1952 — REGISTRAR'S SIGNATURE — **24. FUNERAL DIRECTOR** Henry Farring and Sons — ADDRESS aberdeen md.

RECEIVED
JAN 11 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00592

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural, give location) 216 N. Union AVE.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) H (Last) DAVIS

4. DATE OF DEATH (Month) JANUARY (Day) 27 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Feb. 17, 1884
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR
10b. KIND OF BUSINESS OR INDUSTRY Self Employed House Builder
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Geo. H. Davis
14. MOTHER'S MAIDEN NAME A. Lilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mrs. Annie D. Davis, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation - Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mesenteric Thrombosis - Intestinal

(c) Obstruction

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1-25-52
19b. MAJOR FINDINGS OF OPERATION Mesenteric Thrombosis - Intestinal Obstruction
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1952 to Jan 27, 1952 that I last saw the deceased alive on Jan 26, 1952, and that death occurred at 3 45 A.m., from the causes and on the date stated above.

SIGNATURE A. L. Lewis M.D. (Degree or title) ADDRESS Havre de Grace Md DATE SIGNED 1-27-52

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/29/52
NAME OF CEMETERY OR CREMATORY Angel Hill Cem
LOCATION (City, town, or county) (State) Havre de Grace Md

DATE REC'D BY LOCAL REG. Jan. 28-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace

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BUREAU OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00593

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 444 W. Bel Air ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 444 W. Bel Air ave.

3. NAME OF DECEASED (Type or Print) (First) May (Middle) Wells (Last) Dick

4. DATE OF DEATH (Month) Jan. (Day) 24 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 21-1868
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Chas Wesley Wells
14. MOTHER'S MAIDEN NAME Elizabeth Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. — — —
17. INFORMANT AND ADDRESS: C. Curtis Morgan - 444 W. Bel Air ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	Terminal
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	5 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pyelonephritis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Jan 24, 1952, that I last saw the deceased alive on Jan 16, 1952 and that death occurred at 12:55 P.M., from the causes and on the date stated above.

SIGNATURE Wm. B. Rodman, M.D. (Degree or title) ADDRESS Aberdeen, Md DATE SIGNED 1-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 26, 1952
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) Aberdeen (State) Md

DATE REC'D BY LOCAL REG. Jan 26-1952
REGISTRAR'S SIGNATURE Nellie G. Perry
24. FUNERAL DIRECTOR Henry Tarring & Sons ADDRESS Aberdeen Md

RECEIVED
JAN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01594

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) - (Last) Dube

4. DATE OF DEATH: (Month) Jan. (Day) 14, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/26/1896

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Filling Sta.,

11. BIRTHPLACE (State or foreign country): Lincoln, Maine

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rem'e Dube

14. MOTHER'S MAIDEN NAME: Angele Spruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 183-10-3003

17. INFORMANT AND ADDRESS: Fannie Dube, Fallston, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Apoplexy (Cerebral Hemorhage)	3 minutes
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension	3 years.
	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from —, 1947, to 14 Jan., 1952, that I last saw the deceased alive on 14 Jan., 1952, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE: N. P. Sudack — (Degree or title) M. D. — ADDRESS: Bel Air, Md — DATE SIGNED: 16 Jan. '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/17/52 — NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Garden — LOCATION (City, town, or county) (State): Bel Air, Harford, Md

DATE REC'D BY LOCAL REG.: 1/16/52 — REGISTRAR'S SIGNATURE: Priscilla Fawood — 24. FUNERAL DIRECTOR: Howard K. McComas & Son — ADDRESS: Abingdon, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH 01595

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Joshua (Last) GALLION

4. DATE OF DEATH: (Month) Jan (Day) 23 - (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Nov 21 1869

9. AGE Last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10. ~~USUAL~~ OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Truck farming

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: James T. Gallion

14. MOTHER'S MAIDEN NAME: Eliza Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs. J. Joshua Gallion

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Insufficiency

4822 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1950, to 1-22, 1952, that I last saw the deceased alive on 1-22, 1952 and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Lewis M.D. ADDRESS Havre de Grace Md DATE SIGNED 1-23-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial | DATE THEREOF Jan. 25 1952 | NAME OF CEMETERY OR CREMATORY Rock Run Cem | LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Jan 24 1952 | REGISTRAR'S SIGNATURE C. L. Lewis M. D. | 24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

VS. A15

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00596

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place) 5 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 701 S. WASHINGTON ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAME
STREET ADDRESS SAME (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) — (Last) GRAHAM
4. DATE OF DEATH (Month) JAN (Day) 24 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 16 APR. 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) IRELAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME NOT KNOWN
14. MOTHER'S MAIDEN NAME NOT KNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS LIDA GRAHAM - HAVRE de GRACE MD -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIAC FAILURE	36 HRS
49 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) BILATERAL BRONCHOPNEUMONIA	10 DAYS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ADVANCED AGE

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) NONE
(CITY OR TOWN) HAVRE de GRACE (COUNTY) HARFORD (STATE) MD.
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 14 JAN, 1952, to 24 JAN, 1952, that I last saw the deceased alive on 24 JAN, 1952, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE: B Norment III (Degree or title) M.D. ADDRESS HAVRE de GRACE MD DATE SIGNED 1.24.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/27/52
NAME OF CEMETERY OR CREMATORY Silverbrook
LOCATION (City, town, or county) Wilmington Del. (State)

DATE REC'D BY LOCAL REG. Jan. 26-1952
REGISTRAR'S SIGNATURE W. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace ADDRESS

Item 18 Film G139 1-30-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

597

Reg. Dist. No. 18-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp. Havre de Grace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location) RD #1

3. NAME OF DECEASED (Type or Print): (First) Sally (Middle) Marie (Last) Hamilton

4. DATE OF DEATH: (Month) 1 (Day) 16 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 7/19/51

9. AGE last birthday: yrs. If under 1 year: Months 5; Days 22d; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Elizabethton, Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred David Hamilton

14. MOTHER'S MAIDEN NAME: Mary Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: n 0

17. INFORMANT AND ADDRESS: Mrs. Mary Hamilton - Rising Sun Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Meningitis, Epidemic (1-30-52 ams)	6 hrs.
057.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Otitis Media	6 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16, 1952, to 1/16, 1952, that I last saw the deceased alive on 1/16, 1952, and that death occurred at 4 PM 1 AM 10 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Neil S2. [illegible] MD [illegible] 1/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/19/52

NAME OF CEMETERY OR CREMATORY: Oakwood Cemetery

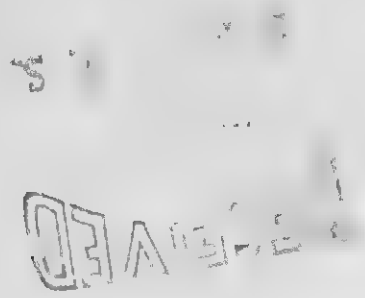
LOCATION (City, town, or county) (State): Conowingo Md

DATE REC'D BY LOCAL REG.: Jan. 16-1952

REGISTRAR'S SIGNATURE: [illegible] M. D.

24. FUNERAL DIRECTOR ADDRESS: Ralph M Reed Rising Sun Md

9/7/11



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00598

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitford R.D. — LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitford R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) J. (Last) Harrison

4. DATE OF DEATH (Month) Jan (Day) 23 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug 9 1880

9. AGE last birthday 71 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housing

10b. KIND OF BUSINESS OR INDUSTRY Housekeeping

11. BIRTHPLACE (State or foreign country) Yorkco Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Gemmill

14. MOTHER'S MAIDEN NAME Jane Ann Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Edward M Harrison Whitford Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 5 wks

231X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterial sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1952, to Jan 22, 1952, that I last saw the deceased alive on Jan 22, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE Edward M. Hyson — (Degree or title) MD — ADDRESS Fawn Grove Pa — DATE SIGNED Jan 23, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Jan 25 1952 — NAME OF CEMETERY OR CREMATORY Fawn Grove — LOCATION (City, town, or county) Fawn Grove — (State) Pa

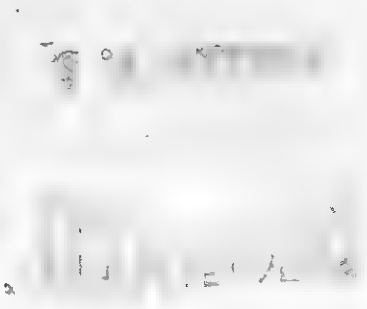
DATE REC'D BY LOCAL REG. 1/24/52 — REGISTRAR'S SIGNATURE Priscilla Howard

24. FUNERAL DIRECTOR Howard Webb — ADDRESS Fawn Grove Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



Item 6 FilmG139 1/29/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00599

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Wayne (Last) Hall

4. DATE OF DEATH: (Month) January (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday: yrs. | If under 1 year: Months 5 mo. Days | If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Curtis Brown Hall

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental aspiration vomitus

921.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) Home | (CITY OR TOWN) Forest Hill | (COUNTY) Harford | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 18, 1952 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Child vomited in sleep, aspirated vomitus

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold C Palmer M D Deputy Medical Examiner Harford Co. Bel Air Md. 1/18/52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF Jan 22 | NAME OF CEMETERY OR CREMATORY Bethel Cem | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Jan 17-52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

RECEIVED
JAN 22 1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

CC600

Reg. Dist. No. 18-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jarrettsville; MARYLAND LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Jarrettsville Elementary School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shawsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Venita (Middle) Sue (Last) Houck

4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 19 52

5. SEX F | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH May 8, 1942 | 9. AGE last birthday 9 yrs. | If under 1 year Months 8 Days | If under 24 hrs Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School girl | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Madonna, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richard Lee Houck | 14. MOTHER'S MAIDEN NAME Helen Mae Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of) | 16. SOCIAL SECURITY No. — — | 17. INFORMANT AND ADDRESS Mrs. Richard L. Houck, White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphixiation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aspiration vomitus

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) none (b) none

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY School | (CITY OR TOWN) Jarrettsville (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 1/8/52 2P m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Fell in convulsion + died

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Baltimore Md 1/9/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Jan 11, 1952 | NAME OF CEMETERY OR CREMATORY Bethel | LOCATION (City, town, or county) (State) Madonna, Harford Co. Md.

DATE RECD BY LOCAL REG. 1/10/52 | REGISTRAR'S SIGNATURE Priscilla Foxwood | 24. FUNERAL DIRECTOR Martin L. Kurtz, Jarrettsville, Md. | ADDRESS

VS/A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

90601

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY HARFORD. HOME. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - BEL AIR.
LENGTH OF STAY (in this place): 1920 -
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) TYRA (Middle) GLENN (Last) HOWELL

4. DATE OF DEATH: (Month) JAN. (Day) 13 (Year) 1952

5. SEX: M

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED.

8. DATE OF BIRTH: 4 OCT 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURAL

11. BIRTHPLACE (State or foreign country): NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: JASPER HOWELL

14. MOTHER'S MAIDEN NAME: MARTHA HICKS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: DAUGHTER: LEOTA HOWELL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ADVANCED ARTERIO SCLEROSIS - HYPOSTATIC PNEUMONIA	24 HOURS
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	1 WEEK
	(c) ADVANCED ARTERIO SCLEROSIS	11 MONTHS

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: NONE

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 JAN., 1952., to 13 JAN., 1952., that I last saw the deceased alive on 12 JAN., 1952., and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE: N. P. Nicholl (Degree or title): M. D. ADDRESS: Bel Air. Md DATE SIGNED: 13 Jan 1952.

23. BURIAL, CREMATION / REMOVAL (Specify): Burial DATE: Jan. 15, 1952 NAME OF CEMETERY OR CREMATORY: Oak Grove LOCATION (City, town, or county): Bel Air Harford (State): Md

DATE REC'D BY LOCAL REG.: Jan 15 1952 REGISTRAR'S SIGNATURE: Mame M. Mondedale

24. FUNERAL DIRECTOR: Howard K. McComas & Son ADDRESS: Aberdeen Md

VS. A15

RECEIVED
JAN 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

116112

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16 8-51

1. PLACE OF DEATH:

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bel Air, Rural

LENGTH OF STAY (in this place): 1 year.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Walters Nurseing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
John	Elizabeth	Jackson	Jan	15	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Aug. 16, 1865	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Practical Nurse	Private Homes	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Jackson	Elizabeth Currier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO		Elizabeth D. Jackson, Perryville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	30 Min
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chr. Cardio-Vascular disease	?
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Undernutrition; Secondary Anemia

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan 1952, 19..., to Jan 15, 1952, that I last saw the deceased alive on Jan 5, 1952, and that death occurred at 7:00 a.m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Willard J. Hudson, M.D	Forest Hill, Md	1-15-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-18-1952	Asbury	Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1/16/52	Priscilla Towood	Lee A. Patterson & Son Perryville, Md.

RECEIVED
JAN 22 1952
BUREAU V. S.

M

VS. A15 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00603

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Post Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Post Road

3. NAME OF DECEASED (Type or Print) (First) Mino (Middle) (Last) Jones

4. DATE OF DEATH (Month) Jan. (Day) 10 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 13, 1885
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY A. P. G. Md.
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Jones
14. MOTHER'S MAIDEN NAME Mary Rollins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Olive M. Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	1 hr.
42.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis acute	1 day
	(c) Arteriosclerotic Heart disease	2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1952, to 1/10/, 1952 that I last saw the deceased alive on 1/10/, 1952 and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE Tom L. Wachsman (Degree or title) M.D. ADDRESS Havre de Grace Md DATE SIGNED 1/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 13, 1952
NAME OF CEMETERY OR CREMATORY Angel Hill Cem.
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REG. Jan. 11-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace, Md.

RECEIVED
JAN 15 19 4
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00605

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Rural — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Carsins Run

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Rural
STREET ADDRESS (If rural, give location): Carsins Run

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) C. (Last) Kalmbacher
4. DATE OF DEATH: (Month) Jan (Day) 27 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 16-1876
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Half employed farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: John George Kalmbacher
14. MOTHER'S MAIDEN NAME: Barbara Schanz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Mary J. Kalmbacher - Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Haemorrhage — 9 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 yr

(c)

321X

177X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate Gland — 1 yr.

19a. DATE OF OPERATION: 8-20-51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate Gland
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to 1-27-, 1952, that I last saw the deceased alive on 1-26, 1952, and that death occurred at 10:50 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: Aberdeen, Md. — DATE SIGNED: 1-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan 31st 1952 — NAME OF CEMETERY OR CREMATORY: St. Pauls Lutheran Cem. — LOCATION (City, town, or county) (State): Aberdeen Maryland

DATE REC'D BY LOCAL REG.: Jan. 30-52 — REGISTRAR'S SIGNATURE: Nellie [illegible]
24. FUNERAL DIRECTOR: Henry Tarring and Sons — ADDRESS: Aberdeen Maryland

RECEIVED
FEB 1 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00606

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS APG USA Hospital 2151-1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood Maryland
STREET ADDRESS (If rural, give location) Apt 13F Reider Court

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) — (Last) Klaus
4. DATE OF DEATH (Month) Jan (Day) 24 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 23 Jan 1952
9. AGE last birthday 20 Hrs 23 Min. yrs. If under 1 year Months Days If under 24 hrs. Hours 20 Min. 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) USA Hospital - APG
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Vincent J Klaus
14. MOTHER'S MAIDEN NAME Virginia Ryan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mother - USA Hosp APG.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 20 Hrs 23 Minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? No injury

22. I hereby certify that I attended the deceased from 23 Jan, 1952, to 24 Jan, 1952, that I last saw the deceased alive on 24 Jan, 1952, and that death occurred at 1 53 P.M. m., from the causes and on the date stated above.

SIGNATURE D. M. Blatchley (Degree or title) Lt. M.C. - APG - USA Hospital ADDRESS DATE SIGNED 24 Jan 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 25-1952
NAME OF CEMETERY OR CREMATORY Edgewood Post Cemetery
LOCATION (City, town, or county) Edgewood (State) Maryland.
DATE REC'D BY LOCAL REG. Jan 25-1952
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Henry Tarring and Sons Aberdeen ADDRESS Maryland

RECEIVED
JAN 3 19
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

P 6117

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) E. (Last) McNutt

4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: April 29 1869

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dairy Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas A. McNutt

14. MOTHER'S MAIDEN NAME: Julia Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs Edwin McNutt, Sr., Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertrophy of heart — Interval Between Onset and Death: 1 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Enterocolitis — 4 yrs.

450.0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1 1948, to Jan 4, 1952, that I last saw the deceased alive on Jan 3, 1952, and that death occurred at 11 A m. from the causes and on the date stated above.

SIGNATURE (Degree or title): E. Snodgrass M.D. ADDRESS: Darlington Md. DATE SIGNED: 1/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 7 1952 — NAME OF CEMETERY OR CREMATORY: Silver Brook Cem. — LOCATION (City, town, or county) (State): New Castle Co. Del.

DATE REC'D BY LOCAL REG.: Jan 4 1952. — REGISTRAR'S SIGNATURE: C. V. Kirk

24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington, Md.

RECEIVED
JAN 1 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C2608

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lock Haven
STREET ADDRESS (If rural, give location) 11 Linden

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) MAY (Last) MERRITT
4. DATE OF DEATH: (Month) JANUARY (Day) 27, (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Sept. 28, 1900
9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C. Rich
14. MOTHER'S MAIDEN NAME: Sarah Schaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 23 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JAN 4, 1952 to JAN 27, 1952 that I last saw the deceased alive on JAN 27, 1952, and that death occurred at 11:50A m., from the causes and on the date stated above.

SIGNATURE: Edward J. Simon (Degree or title) M.D. ADDRESS Havre de Grace DATE SIGNED Jan 27 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/30/52
NAME OF CEMETERY OR CREMATORY: Dunmore
LOCATION (City, town, or county): Lock Haven (State): Pa.

DATE REC'D BY LOCAL REG.: Jan. 27-1952
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR: Cunningham & Son ADDRESS Havre de Grace

RECEIVED
JAN 29 1952
BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00609

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND: Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Men. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Michaelsville~~ Perryville
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Vera (Last) Michael
4. DATE OF DEATH: (Month) Jan (Day) 18 (Year) 1952
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 8-23-68
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Michaelsville Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Mount
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Raymond Mount, Perryville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Arteriosclerosis — 10 yrs.

521X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gangrene Both Feet & legs — 2 wks

(c) Cerebro Vascular Accident — 10 minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Arthritis — 10-15 yrs

19a. DATE OF OPERATION: 1-16-52
19b. MAJOR FINDINGS OF OPERATION: Gangrene both feet & legs
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Jan 18, 1952, that I last saw the deceased alive on Jan 17, 1952, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [illegible] M.D. — ADDRESS: Port Deposit, Md — DATE SIGNED: 1-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan 21-1952 — NAME OF CEMETERY OR CREMATORY: Spesutia Cemetery — LOCATION (City, town, or county) (State): Perryman Maryland
DATE REC'D BY LOCAL REG.: Jan 21-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR: Henry Varring and Sons — ADDRESS: Aberdeen Maryland.

RECEIVED
JAN 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00610

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia — STREET ADDRESS (If rural, give location) Mechanicsville

3. NAME OF DECEASED (Type or Print): (First) Betty (Middle) R (Last) Mitzel

4. DATE OF DEATH: (Month) January (Day) 27 (Year) 19[illegible]

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 21 1952

9. AGE last birthday: yrs. X — If under 1 year: Months — Days 6 — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kalmia - Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles H Mitzel

14. MOTHER'S MAIDEN NAME: Florence Slaymaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Chas H Mitzel Bel Air. R.D. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 1 hour

760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md. 1/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 1/29/52 | NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens | LOCATION (City, town, or county) (State): Bel Air Harford Md

DATE REC'D BY LOCAL REG. 1/28/52 | REGISTRAR'S SIGNATURE: Priscilla Forword | 24. FUNERAL DIRECTOR ADDRESS: Jos. L. Foster. Bel Air. Md

VS-A15A

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RECEIVED
JAN 30 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

cc611

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY HARFORD; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 21 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) Joppa

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Beverly	A.	Myers	January	27	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan. 13, 1888	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY: Estate

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Rode Myers

14. MOTHER'S MAIDEN NAME: Workman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: 236-01-5901

17. INFORMANT AND ADDRESS: Charles A. Myers - Joppa, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Stomach

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Carcinomatosis

(c) Cachexia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Dec. 3, 1951, to Jan. 27, 1952, that I last saw the deceased alive on January 27, 1952, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles A. Myers M.D.

ADDRESS: 740 S. Commerce Aberdeen Md

DATE SIGNED: 1-27-52

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 31, 1952	Bel Air Memorial Gardens	Bel Air Harford	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 1 - 1952	W. L. Lewis M. D.	Howard K. McGowan & Son	Abingdon Md

VS. A15

FEB 6
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

604

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 125 Deaver St

3. NAME OF DECEASED (Type or Print) (First) Jones (Middle) (Last) Myrtle

4. DATE OF DEATH (Month) (Day) (Year) January 17 1952

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Nov. 12 1864
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Knight, William C.
14. MOTHER'S MAIDEN NAME Margaret J. Daugherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Wm. M. Fadeley, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 days
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Nephritis Disease	10 yrs
	(c) Arterio Sclerosis Hypertension	15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Jan 17, 1952, that I last saw the deceased alive on Jan 17, 1952, and that death occurred at 7 45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles J. Foley MD Havre de Grace Md Jan 19/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/20/52
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace, Md

DATE REC'D BY LOCAL REG. Jan. 19 1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR ADDRESS Pennington & Son, Havre de Grace, Md.

RECEIVED
JAN 27 - 5
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A151

MARYLAND STATE DEPARTMENT OF HEALTH

00612

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Swan Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Swan Creek

3. NAME OF DECEASED (Type or Print) (First) Joshua (Middle) Albert (Last) Quickley Jr.

4. DATE OF DEATH (Month) Jan (Day) 1st (Year) 1952

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 20-1951

9. AGE last birthday — yrs. If under 1 year Months 1 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joshua Albert Quickley Jr.

14. MOTHER'S MAIDEN NAME Bever L. Scanion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Joshua A. Quickley, Aberdeen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchi Pneumonia	1 day
491 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cold -	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Jan 1, 1952, that I last saw the deceased alive on Jan 1, 1952, and that death occurred at 3:30 P m. from the causes and on the date stated above.

SIGNATURE Tom Wolbert (Degree or title) M.P. ADDRESS Havre de Grace Md DATE SIGNED Jan 3, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Jan. 4th 1952

NAME OF CEMETERY OR CREMATORY Union M.E. Cemetery

LOCATION (City, town, or county) Aberdeen (State) Maryland.

DATE REC'D BY LOCAL REG. Jan. 4-1951

REGISTRAR'S SIGNATURE Pellie R. Ferry

24. FUNERAL DIRECTOR Henry Farring and Sons ADDRESS Aberdeen Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH 0P613

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rt 1 — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) A. (Last) Rigor
4. DATE OF DEATH: (Month) Jan. (Day) 17 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 22 1949
9. AGE last birthday: 2 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Paul T. Rigor
14. MOTHER'S MAIDEN NAME: Elizabeth Barrer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Paul Rigor

18. MEDICAL CERTIFICATION — Darlington, Md, Rural

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental ingestion methyl salicylate — 12 hrs

872.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Darlington — (COUNTY): Harford — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 1/17/52 8 A m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Swallowed oil wintergreen

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air Md. 1/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 21 1952 — NAME OF CEMETERY OR CREMATORY: St. John Cem — LOCATION (City, town, or county) (State): Baltimore Co, Md.

DATE REC'D BY LOCAL REG.: Jan. 19-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 18-V

614

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fallston
LENGTH OF STAY (in this place) 21yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) Barnes (Last) Robinson

4. DATE OF DEATH: (Month) Jan (Day) 23 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 14, 1908

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months 4 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cockeysville, Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clarence Robinson

14. MOTHER'S MAIDEN NAME: Ida Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: 212-32-1864

17. INFORMANT & ADDRESS: Mrs Helen Robinson, Fallston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Epithelioma of Tongue — DUE TO — 2

141 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 1951

19b. MAJOR FINDINGS OF OPERATION: Epithelioma of Tongue

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to Jan 23 1952, that I last saw the deceased alive on Jan 23, 1952 and that death occurred at 6.13 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Willard P. Hudson M.D Forest Hill Md 1-24-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Jan 27, 1952 — NAME OF CEMETERY OR CREMATORY West Liberty — LOCATION (City, town, or county) (State) Upper N Roads, Harford Co. Md.

DATE REC'D BY LOCAL REG. 1/26/52 — REGISTRAR'S SIGNATURE Priscilla Forwood

24. FUNERAL DIRECTOR — ADDRESS Martin L. Kurtz, Jarrettsville, Md.

RECEIVED
JAN 10 1922
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00615

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAVRE de GRACE — LENGTH OF STAY (in this place): —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: Harf.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — Havre de Grace
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) RANDOLPH (Middle) GUY (Last) ROOT
4. DATE OF DEATH: (Month) JAN. (Day) 30 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 1.29.52
9. AGE last birthday: — yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours 7 | Min. 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: FRANK ALTON ROOT
14. MOTHER'S MAIDEN NAME: IRMA CHRISTINA BASIL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO YES (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: FRANK ROOT — 401 SUNION AVE. HAVRE de GRACE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) RESPIRATORY FAILURE

760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) INTRA-CRANIAL HEMORRHAGE — 7 3/4 HRS.

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE-

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1.29. 1952, to 1.30. 1952, that I last saw the deceased alive on 1.30. 1952, and that death occurred at 6.00 A m., from the causes and on the date stated above.

SIGNATURE: R B Norment III (Degree or title) MD — ADDRESS: Havre de Grace — DATE SIGNED: 1.30.52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/30/52 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace

DATE REC'D BY LOCAL REG.: Jan. 30-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Havre de Grace

1 22 24

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00616

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Bel Air
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Smithson
4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: ?
9. AGE last birthday: 70 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: On Farm
11. BIRTHPLACE (State or foreign country): Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Mrs. Bessie Walters

18. MEDICAL CERTIFICATION: Bel-Air, Md Rural

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — 4 da

44 A Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr hypertensive Cardio-Vascular disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Jan 3, 1952, that I last saw the deceased alive on Dec 31, 1951, and that death occurred at 5:00 a m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson (Degree or title) M.D. — ADDRESS: Forest Hill, Md — DATE SIGNED: 1-3-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: Jan. 8, 1952 — NAME OF CEMETERY OR CREMATORY: St Paul Cem — LOCATION (City, town, or county): Harford Co. — (State): Md.

DATE REC'D BY LOCAL REG.: Jan. 5, 1952 — REGISTRAR'S SIGNATURE: C. A. Kirk

24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

617

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFAILING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) R F D % Mrs. Geo. W. Poist

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Chara	H	Sparks	January	28	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	8-11-1874	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Keil Holtz
14. MOTHER'S MAIDEN NAME: Harriett Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Mrs. Mabel K. Peters- The Ambassador Apts.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro-vascular Accident

430.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular Ds.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27, 1952, to 1-28, 1952, that I last saw the deceased alive on 1-28, 1952, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald H. MacPherson	M.D.	Harford Memorial Hosp. Hdg.	1/28/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/31/52	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/30/52	A W Hedrick	Wm. J. Tichner & Sons	Bel Air, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00618

CERTIFICATE OF DEATH

Reg. Dist. No. 1825

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212 S. Freedom St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 212 Freedom Street

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) M (Last) STANSBURY
4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 5. 1886
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Perryman, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Isaac Stansbury - Perryman, Md
14. MOTHER'S MAIDEN NAME: Hannah Curtis - Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs Mary Jackson - Havre de Grace, Md 325 N. Union St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 10 days

4442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardiovascular Disease — 4 yrs
(c) Renal Insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED Whilo at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1951, to Jan. 11, 1952, that I last saw the deceased alive on Jan 11, 1952, and that death occurred at 1:35a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George T. Stansbury M.D. — ADDRESS: Havre de Grace, Maryland — DATE SIGNED: 1/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/16/52 — NAME OF CEMETERY OR CREMATORY: Union M.E. Cemetery — LOCATION (City, town, or county) (State): Swan Creek - Harford - Md

DATE REC'D BY LOCAL REG. Jan. 15 1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR ADDRESS: Elmer E. Bullock - Havre de Grace, Md.

1952
BUREAU V. S.

Item 9 FilmG138 1/14/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00619

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground, Md
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachusetts COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quincy
STREET ADDRESS (If rural, give location) 124 Hamilton Ave

3. NAME OF DECEASED (Type or Print) (First) [redacted] (Middle) Paul W. (Last) Sweeney

4. DATE OF DEATH (Month) Jan (Day) 1 (Year) 1952

5. SEX M
6. COLOR OR RACE —
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 12-29-1932
9. AGE last birthday ~~18~~ 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) US Marine Corps Soldier
10b. KIND OF BUSINESS OR INDUSTRY Military
11. BIRTHPLACE (State or foreign country) Massachusetts
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John J. Sweeney II
14. MOTHER'S MAIDEN NAME Mary B. Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1950
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John J. Sweeney III, 12 Yardarm Lane Quincy, Mass

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Pat Embolism	24 days
19.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bilateral Compound Comminuted Fracture distal 1/3 Tibia.	2 days
	(c) MASSIVE HEMORRHAGE DUODENAL ULCER	18 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — unknown

19a. DATE OF OPERATION 7 Dec 51
19b. MAJOR FINDINGS OF OPERATION Bilateral compound Comminuted Fracture distal 1/3 Tibia
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY US Route 40 near (CITY OR TOWN) Harve de Grace (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 7 1951 11 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Patient Struck by Automobile

22. I hereby certify that I attended the deceased from Dec 7, 1951, to Jan 1, 1952 that I last saw the deceased alive on Jan 1, 1952, and that death occurred at 1:25 P m., from the causes and on the date stated above.

SIGNATURE Frank E Brumbock (Degree or title) ADDRESS 14 Mc Aberdeen Proving Ground Md DATE SIGNED 1 Jan 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-5-1952
NAME OF CEMETERY OR CREMATORY Mount Wollaston
LOCATION (City, town, or county) Quincy (State) Mass.

DATE REC'D BY LOCAL REG. Jan. 4-1952
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00620

CERTIFICATE OF DEATH

Reg. Dist. No. 18-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 Fountain Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 301 Fountain Street

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Orima (Last) Thompsoon

4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 15, 1874

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Jim Smith

11. BIRTHPLACE (State or foreign country): Havre de Grace

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Everett W. Thompsoon

14. MOTHER'S MAIDEN NAME: Emily H. Gillis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Martha Irene Brooks

18. MEDICAL CERTIFICATION — 301 Fountain Street, Havre de Grace, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	1 day
Antecedent cause(s)		
420.0 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	1 day
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

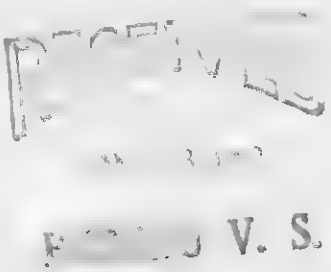
22. I hereby certify that I attended the deceased from 1/19, 1952, to 1/19, 1952 that I last saw the deceased alive on 12/18, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm L. Wachsmann — ADDRESS: Havre de Grace, Md — DATE SIGNED: 1/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 22, 1952 — NAME OF CEMETERY OR CREMATORY: Rock Run Cemetery — LOCATION (City, town, or county): Harford County (State): Md.

DATE REC'D BY LOCAL REG.: Jan. 21 - 1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 621

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A35 8-51

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
LENGTH OF STAY (in this place) 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Parsons Run

3. NAME OF DECEASED: (First) HARVEY (Middle) P. (Last) TOLLEY

4. DATE OF DEATH: (Month) Jan (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 17th 1892

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: State Highway

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin Tolley

14. MOTHER'S MAIDEN NAME: Virginia Sanford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 233-16-9651

17. INFORMANT'S ADDRESS: Mrs Harvey P. Tolley. aberdeen md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	20 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Chr Hypertensive Cardio-Vascular Disease	?
	(c) DUE TO	

4498

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1951, to Jan 25, 1952, that I last saw the deceased alive on Jan 24, 1952, and that death occurred at 11:30 a.m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Willard P. Hudson, M.D. ADDRESS Forest Hill Md DATE SIGNED 1/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Jan 28-1952

NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery

LOCATION (City, town, or county) Bel Air (State) Maryland

DATE REC'D BY LOCAL REG. 1/27/52

REGISTRAR'S SIGNATURE Priscilla Linwood

24. FUNERAL DIRECTOR Henry Tarring and Sons ADDRESS aberdeen maryland.

JAN 1952

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00622

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylor (rural)
LENGTH OF STAY (in this place) 47 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylor (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Nelson (Last) Turner
4. DATE OF DEATH (Month) Jan. (Day) 7, (Year) 1952

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept. 19, 1880
9. AGE last birthday 71 yrs. If under 1 year Months 3 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Madonna, Harford Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Calder Turner
14. MOTHER'S MAIDEN NAME Cornelia Rampley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Robert Turner, Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	CORONARY THROMBOSES	1 week
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	CORONARY SCLEROSIS	(2) years.
	(c)	OBESITY	(2) years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1951, to JAN 7, 1952, that I last saw the deceased alive on JAN 7, 1952, and that death occurred at 2:25 p m., from the causes and on the date stated above.

SIGNATURE S. James Thomison Jr. (Degree or title) M.D. ADDRESS Jarrettsville, Md. DATE SIGNED 1/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 10, 1952
NAME OF CEMETERY OR CREMATORY St James
LOCATION (City, town, or county) near Monkton, (State) Md

DATE REC'D BY LOCAL REG. 1/9/52
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JAN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00623

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 10 HRS - 27 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural, give location): 326 Wilson St.

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) Boy (Last) WALKER

4. DATE OF DEATH: (Month) JAN (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-6-52

9. AGE last birthday: yrs. | If under 1 year: Months | Days: | If under 24 hrs.: Hours: 10 | Min.: 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William W. Walker

14. MOTHER'S MAIDEN NAME: Bertha Lissberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ND (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Bertha M. Walker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) RESPIRATORY FAILURE	5 HRS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) FETAL ATELECTASIS	10 HRS.
762.0	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 JAN, 1952, to 7 JAN, 1952, that I last saw the deceased alive on 2 JAN, 1952, and that death occurred at 6:20 A m., from the causes and on the date stated above.

SIGNATURE: R.B. Permenter III M.D. (Degree or title) ADDRESS: Havre de Grace DATE SIGNED: 1-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/7/52 | NAME OF CEMETERY OR CREMATORY: Angel Hill | LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: Jan. 7-1952 | REGISTRAR'S SIGNATURE: A. L. Lewis M.D. | 24. FUNERAL DIRECTOR: Cunningham & Son ADDRESS: Havre de Grace

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RECEIVED
JAN 10 1952
BUREAU V. S.